2. *Clinical Study on Stereotypy in Dementia Precox.*—This is a very long classification of various types of stereotypy, both of attitudes as well as of various other forms of motorial activity, such as speech, writing, mimicry, the gait and complex acts. There is also a consideration of the evolution of stereotypy. Kraepelin defines this form of activity as the abnormal duration of motor impulses which produce a permanent contracture of certain muscle groups, or a repetition of such a movement. The term contracture as used here in the spirit of the author would seem to indicate that physiological state presided over the symptom. The direct modification of cerebro cellular activity under the influence of some presumed toxin conditioned the morbid process, as shown by the prolonged attitudes or repeated movements of the subject. Others, particularly Cahen, would rather consider these states as not being convulsive in character, but as actions which were at first voluntary and conscious, and which later become automatic and subconscious by this fact of long duration and repetition. Here we are not concerned with an active manifestation, with the phenomenon of irritability belonging to the domain of primitive automatism, but it is a residual manifestation of a mind habit belonging to the domain of secondary automatism. We are, therefore, in the presence of a problem in every way comparable to the distinction between the tics and spasms, a distinction well cleared up by Meige and Feindel.

It would also appar to be necessary to distinguish with as much precision as the nature of so complex a subject permits between active manifestations and those of the subconscious residual period. The writer bases his views on the microscopical researches of Klippel, who describes first the immediate lesions in which there is a granular degeneration of the cells, and so-called consecutive lesions, which are characterized by the destruction of connections between different territories or the different cells of the cortex through atrophy of their prolongations, which bring about intercommunication. The article is not well adapted for review. The author also discusses the value of stereotypy as a diagnostic sign, and is not inclined to look upon it as specially peculiar to dementia precox, being found in other forms as well. The prognostic significance, as well as the relation between convalescence and the disappearance of stereotypy, are also discussed. WOLFSTEIN (Cincinnati).

Nouvelle Iconographie de la Salpetriere

(Mars-Avril, 1905, No. 2.)

1. Friedreich's Disease and Hereditary Cerebellar Ataxia. RAYMOND.
2. Alterations in the Cerebral Tissue Due to the Presence of Tumors. WEBER, PAPADAKI.
3. Syndrome of the Peduncular Calotte. GRUNER, BERTOLOTTI.
4. A Case of Acromegaly with Hyperplastic Lesions of the Pituitary Body, Thyroid Body and of the Suprarenal Bodies. BALLET, LAIGNEL-LAVASTINE.
5. Cyanosis of the Retina in Sclerosis of the Pulmonary Artery. BABINSKI, MLLE. TUFESCO.
6. Acute and Circumscribed Chronic Edema of Nervous Origin. VALOBRA.
7. A Case of Early Thoracic Deformity Following an Acute Pleurisy. MAITIGNON.
8 Professional Cramp and its Treatment by Massage and Reëducation. KOUINDJY.

1. *Friedreich's Disease.*—Raymond's conclusion from the study of these cases and from the pathological findings in one of them is that it is practically impossible to ascribe all cases of this symptom complex to one morbid entity; that is, to an isolated atrophy of the cerebellum. The

different clinical pictures represent lesions in the cerebellum of different kinds and of different localizations; sometimes in the centers themselves, and sometimes in the efferent or afferent paths. There is little advantage in multiplying the different types of this complex, but it is advantageous to find out just what systems are involved and to translate them in the anatomical terms of their localization.

2. *Tumors and Cerebral Tissue.*—This work was undertaken at the suggestion of v. Monakow. The plan of the work is to describe the effect on the brain tissues due to the tumor itself in five cases of brain tumor of different sizes and localization. The observations are divided into two categories: 1. The tumor develops at the expense of the cerebral tissue. 2. The neoplasm has its point of origin outside of the brain, which it compresses in its development. Some of the results of this study are as follows: There appears to be a lymphatic current from the surface of the brain to the ventricles. The part of the brain peripheral to the tumor suffers the most, and not by the alteration of the circulation of the blood, but by that of the lymph. This current appears to take its course across the aqueduct of Sylvius toward the subdural space of the spinal cord. The consequences depend upon whether the tumor intercepts the current or not. The intracerebral pressure is not equal throughout, if that can be judged by the alteration in the tissue. It has its maximum of intensity at the periphery of the tumor if the ventricles are dilated in its neighbborhood. Under the influence of an augmentation of intracranial pressure the convolutions at first become closely pressed together, forming fissures, then the tissues become more dense and their outline is effaced. This is the first stage. Later the cerebro-spinal fluid incompressible causes atrophy of the tissues. The tissue in the white matter shows more alteration than that of the cortex. In the white matter the association fibers suffer more than the projection fibers. When a unilateral tumor obstructs the ventricular circulation it is the rule that the opposite ventricle should be more dilated. Equilibrium is thus established. Dilatation of the perivascular spaces, formation of hemorrhages, appear to accompany regularly the development of tumors. Although the lymphatic circulation is necessarily closely allied to that of the blood, it cannot be admitted that the lymphatic stasis should be simply the consequence of the venous compression. There is probably a special mechanism of nutrition of the brain of which we are at present in ignorance. The author does not believe that the toxic theory advanced by Brissaud and Souques explains even in part the pathological phenomena of cerebral tumor.

3. *Peduncular Calotte.*—Raymond and Cestan reported in 1903 three cases in which there was a symptom-complex due to lesion in the superior protuberential region. It is characterized on one side by a paralysis of the lateral movements of the eyeball, and on the other by a hemiplegia of the arm and leg, affecting very slightly the motor strength, but showing itself on the contrary by tremor, incoördination, athetoid movements, by cerebellar asynergia and by subjective and objective disturbances in sensibility. This peculiar group of symptoms, fixed in type, was found in all three cases to be due to a solitary tubercle at the level of the protuberential "calotte" behind the level of the sensory fibers under Wernicke's crossing, under the knee of the facial in the region extending between the nuclei of the third and sixth pair. Two cases are described by the author, one of which came to autopsy. In the first a diagnosis of probable tumor in the neighborhood anterior quadrigeminal bodies was made. In the second case at autopsy, a tumor, a tuberculoma in the central space of the "calotte" involving the grey substance of the aqueduct obstructing the central canal and destroying the nucleus of the third pair on both was found. An area of softening extended to the internal and superior half of the sensory fibers, destroying the anterior left quadri-

geminal body. The findings in these cases are carefully discussed in the light of the anatomical and physiological logic of the symptoms.

4. *Acromegaly.*—A case of acromegaly in a woman 70 years of age. Clinical résumé: Typhoid fever, menopause, cyphosis and progressive deafness, hypertrophic deformity of the head, hands and feet, ictus, right hemiparesis, flaccid paraplegia, chronic aortitis with insufficiency valvular. Pulmonary terminal congestion. Death. Autopsy showed parenchymatous hypertrophy of the hyphophysis, cirrhotic hypertrophy of the thyroid gland, cirrhotic superenal hypertrophy with adenoma, calcareous granulations of the choroid plexus.

5. *Cyanosis of Retina.*—A report of two cases and a résumé of the literature..

6. *Chronic Edema.*—Continued paper.

Thoracic Deformity.—Not adapted for abstract.

8. *Professional Cramp.*—An acocunt of the use of certain exercises in the treatment of these conditions. S. Schwab (St. Louis)).

Journal de Neurologie

(1905, No. 4..)

1. The Spinal Localization of the Muscles of the Perineum and the Rectum. S. Irimesco and C. Parhon.
2. The Physiopsychology of the Nuns of Port Royal. C. Binet-Sangle.

1. *The Spinal Localization of the Muscles of the Perineum and Rectum.*—The authors, in an examination of two cases dead after extensive suppuration involving the perineum, anal region and rectum, found a group of cells situated in the second and third sacral segments in the mid-portion of the anterior horn, behind and slightly to the inner side of the group X of Onuf (the cells of which group these cells somewhat exceed in size) in reaction. The intermedio-lateral group in the third and fourth sacral segments also showed some changes. From a consideration of these cases and comparison of them with the findings reported by other investigators, they conclude that the perineal muscles are represented in the cell group first mentioned (adjacent to group X of Onuf), and that the intermedio-lateral group belongs to the sympathetic and has to do with the innervation of the unstriped muscular fibres of the rectum, while a small group just inside the intermedio-lateral group, also found in the reaction, they regard as the probable center for the internal sphincter of the anus.

2. *Physiopsychology of the Nuns of Port Royal.—A seventh* series of five cases from the famous Jansenist community. From an analysis of ten the author finds the following: One belonged to a family showing signs of advanced degeneration. In two there were various signs of degeneration, in one hypermotivity and tendency to melancholy, in all hyper-suggestibility. In two the cause of death could be ascertained, one dying from pneumonia, the other from cancer. The average age at death in four cases was 67 years.

(1905, No. 5.)

1. On the Presence of a Special Network in the Pigmented Region of the Nerve Cells. G. Marinesco.
2. The Pathogeny of Conjugate Deviation of the Eyes and Head. Deray.

1. *Special Methods in Pigmented Region of Nerve Cells.*—The author has studied the fibrillary network in the nerve cells under a number of different conditions, by the fibril method of silver impregnation of Ramon y Cajal. In middle-aged and elderly persons or animals, where the cells are apt to contain pigmentary deposits, he finds in the pigmented region a special form of fibrillary network with meshes of very thick fibrils which show up darker in color than the fibrils of the